2026 Health Rate Sheet (Bi-Weekly)
Unit 34 and 39: Fire Sworn and Non-Sworn Employees (Fulltime)

Maximum Cash Out Amount $989.27 per pay period (for 24 pay periods)

MEDICAL - CalPERS Region 2	CODE	Monthly Premium	Coverage Tier	*Additional Cost to Employee	**Health Cafeteria Amount Applied
Anthem Select	2301	$1,016.32	Employee Only	☐ **$0.00**	**$508.16**
Must reside in Ventura County	2302	$2,032.64	Employee +1	☐ **$27.05**	**$989.27**
	2303	$2,642.43	Family	☐ **$331.95**	**$989.27**
Anthem Traditional	2305	$1,158.26	Employee Only	☐ **$0.00**	**$579.13**
	2306	$2,316.52	Employee +1	☐ **$168.99**	**$989.27**
	2307	$3,011.48	Family	☐ **$516.47**	**$989.27**
Blue Shield Access+	2309	$1,052.89	Employee Only	☐ **$0.00**	**$526.45**
	2310	$2,105.78	Employee +1	☐ **$63.62**	**$989.27**
	2311	$2,737.51	Family	☐ **$379.49**	**$989.27**
Blue Shield Trio	2350	$936.58	Employee Only	☐ **$0.00**	**$468.29**
	2351	$1,873.16	Employee +1	☐ **$0.00**	**$936.58**
	2352	$2,435.11	Family	☐ **$228.29**	**$989.27**
Kaiser	2316	$987.69	Employee Only	☐ **$0.00**	**$493.85**
Must reside in Ventura County	2317	$1,975.38	Employee +1	☐ **$0.00**	**$987.69**
	2318	$2,567.99	Family	☐ **$294.73**	**$989.27**
UnitedHealthcare Alliance	2342	$950.99	Employee Only	☐ **$0.00**	**$475.50**
Must reside in Ventura County	2343	$1,901.98	Employee +1	☐ **$0.00**	**$950.99**
	2344	$2,472.57	Family	☐ **$247.02**	**$989.27**
UnitedHealthcare Harmony	2392	$857.14	Employee Only	☐ **$0.00**	**$428.57**
	2393	$1,714.28	Employee +1	☐ **$0.00**	**$857.14**
	2394	$2,228.56	Family	☐ **$125.01**	**$989.27**
PERS Gold	2327	$956.28	Employee Only	☐ **$0.00**	**$478.14**
	2328	$1,912.56	Employee +1	☐ **$0.00**	**$956.28**
	2329	$2,486.33	Family	☐ **$253.90**	**$989.27**
PERS Platinum	2360	$1,426.24	Employee Only	☐ **$0.00**	**$713.12**
	2361	$2,852.48	Employee +1	☐ **$436.97**	**$989.27**
	2362	$3,708.22	Family	☐ **$864.84**	**$989.27**
PORAC	2346	$1,057.00	Employee Only	☐ **$0.00**	**$528.50**
Must be a member of PORAC	2347	$2,127.00	Employee +1	☐ **$74.23**	**$989.27**
	2348	$2,708.00	Family	☐ **$364.73**	**$989.27**

*Additional Cost to Employee is the additional cost that the employee is required to pay due to insufficient health cafeteria amount to cover for the plan or coverage tier that the employee selected.

**Health Cafeteria Amount Applied is the amount deducted from the employee's bi-weekly health cafeteria allowance to pay for the health insurance premium.

☐ Waive Medical Coverage

To waive medical coverage, you must complete and return the Medical Waiver Form along with proof of other acceptable coverage such as a copy of your medical ID Card or an enrollment summary/confirmation from the other plan.

DENTAL	CODE	Monthly Premium	Coverage Tier	Employee's Cost Per Pay Period	Employer's Cost Per Pay Period
Delta Dental PPO	2641	$51.18	Employee Only	☐ **$0.00**	**$25.59**
	2642	$90.57	Employee +1	☐ **$19.29**	**$26.00**
	2643	$145.18	Family	☐ **$46.59**	**$26.00**
Delta Dental Buy-Up Option	2645	$60.34	Employee Only	☐ **$4.17**	**$26.00**
	2646	$106.79	Employee +1	☐ **$27.40**	**$26.00**
	2647	$171.18	Family	☐ **$59.59**	**$26.00**
DeltaCare HMO	2621	$15.57	Employee Only	☐ **$0.00**	**$7.79**
	2622	$27.85	Employee +1	☐ **$0.00**	**$13.93**
	2623	$41.21	Family	☐ **$0.00**	**$20.61**

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VISION	CODE	Monthly Premium	Coverage Tier	Employee's Cost Per Pay Period	Employer's Cost Per Pay Period
Vision Service Plan (VSP)	2711	$6.93	Employee Only	☐ **$3.47**	**$0.00**
	2712	$13.76	Employee +1	☐ **$6.88**	**$0.00**
	2713	$21.10	Family	☐ **$10.55**	**$0.00**
VSP Buy-Up Option	2715	$9.04	Employee Only	☐ **$4.52**	**$0.00**
	2716	$17.95	Employee +1	☐ **$8.98**	**$0.00**
	2717	$27.52	Family	☐ **$13.76**	**$0.00**

Short Term Disability	**Employer Paid**
Contact Firefighter's Association Treasurer	$0.00
Long Term Disability	
Contact Firefighter's Association Treasurer	$0.00

Life Insurance	**Coverage Amount**	**Cost**
Basic Term Life with AD&D - Employee Only	$75,000	**$2.63 per pay period (City Paid)** (Life rate: $0.05 per $1k; AD&D: $0.02 per $1k)

Voluntary/Additional Term Life - Employee/Spouse

The guaranteed issue amount is 3X the employee's annual (base) earnings up to $400k for the employee, $50k for employee's spouse, and $10k for employee's child(ren) if enrolled when employee is first eligible for coverage (initial eligibility period). Subsequent supplemental life increase election or enrollment outside of the initial eligibility period will require medical certification and approval by the insurance carrier.

Coverage is available in increments of $10,000 up to 8X the employee's annual (base) earnings up to $1

Combined City-provided term life coverage amount and employee's additional/supplemental coverage amount cannot exceed 8X their annual (base) earnings or $1 million, whichever is less.

Spouse coverage amount is limited to the amount of supplemental life purchased by the employee.

Age Range	**Cost per $10,000**
0 - 29	$0.34 per pay period
30 - 34	$0.43 per pay period
35 - 39	$0.62 per pay period
40 - 44	$0.95 per pay period
45 - 49	$1.57 per pay period
50 - 54	$2.62 per pay period
55 - 59	$4.23 per pay period
60 - 64	$5.56 per pay period
65 - 69	$8.74 per pay period
70 - 74	$15.44 per pay period
75+	$25.75 per pay period

	Coverage amount	EE's cost per pay period
Supplemental Life - Children Same rate applies regardless number of eligible child enrolled.	$2,000	$0.16
	$5,000	$0.28
	$10,000	$0.45

NOTE: CalPERS Region 2 = Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, and Ventura counties.

This worksheet is for your own personal use. There is no need to return it to the Benefits Office. The online enrollment system will provide premium calculations based on your selections.

Rates are effective 1/01/2026 - 12/31/2026

This sheet highlights benefits under the City of Santa Barbara benefit program. It is not intended to help you choose the benefits that are best for you. This sheet does not include plan rules, details, and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be any inconsistencies between Open Enrollment and the legal plan documents, the plan documents are the final authority. The City's contribution towards the employee's health premiums includes the Public Employee's Medical and Hospital Care Act (PEMHCA) contribution amount. Administrative fees imposed by CalPERS and the City's third party administrator are separate and are paid by the City.